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Clinical image

Newborn with rash due to *Klebsiella* infection



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A three-day-old male with asymptomatic jaundice was admitted to the hospital. First-born by vaginal delivery to a young mother at 39 weeks of gestation; Apgar 9/9, weight 2850 g, height 50 cm, no history of chronic diseases. The mother denied infectious diseases during this pregnancy.

Upon admission, the patient was in good general condition with widespread jaundice tone, abdomen with no evidence of neither hepato nor splenomegaly or peritoneal irritation; normal upper and lower extremities with capillary refill of 2 s. Routine blood exams showed leukopenia and total bilirubin of 17.9 mg/dl. He was managed with continuous blue light therapy.

About 48 h after, he had developed fever (38 °C) with chills and increased irritability. The physical evaluation revealed, rash and purple lesions on chest and extremities. Also, bruises on the nose, ears and dorsal region of feet; the capillary filling increased to 5 s (Fig. 1). He was given empirical treatment with

cefotaxime and amikacin. Besides, blood samples for cultures were taken prior to antibiotic therapy. Few hours later, the patient's condition worsened, he was lethargic and hypoactive with respiratory distress requiring mechanical ventilation and vasopressor support.

On hospital day 5, the blood cultures turned out positive for *K. pneumoniae* susceptible to meropenem. Based on culture results, cefotaxime and amikacin were discontinued, and meropenem initiated. He presented significant improvement after 72 h.

Nosocomial infections with resistant Gram-negative organisms, particularly strains of *K. pneumoniae*, have become a significant problem.¹ However, cutaneous manifestations are considered as atypical manifestations; Viswanathan et al.² reported neonatal sepsis by *K. pneumoniae* associated with rash in seven children, and Kali et al.³ described the case of a newborn with sepsis and multiple pustules.

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Fig. 1 – Photograph of the chest and extremities of the patient after 48 h of hospital admission. There were multiple maculopapules symmetrically distributed over all the body. Also, were observed purpuric spots on nose, ears and feet.

Conflicts of interest

The authors declare no conflicts of interest.

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REFERENCES

1. Elemam A, Rahimian J, Mandell W. Infection with pan resistant *Klebsiella pneumoniae*: a report of 2 cases and a brief review of the literature. *Clin Infect Dis*. 2009;49:271-4.
2. Viswanathan R, Singh AK, Mukherjee S, Mukherjee R, DAS P, Basu S. An outbreak of neonatal sepsis presenting with exanthematous rash caused by *Klebsiella pneumoniae*. *Epidemiol Infect*. 2011;139:226-8.
3. Kali A, Umadevi S, Srirangaraj S, Stephen S. Neonatal sepsis and multiple skin abscess in newborn with Down's syndrome: a case report. *AMJ*. 2013;6:91-3.